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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/712,118	11/13/2003	Toshiyuki Takai	671302-2002	8301	
TITLE OF INVENTION: NON-HUMAN ANIMAL MODEL OF OLIGODENDROCYTE DEVELOPMENTAL DISORDER					

APPLN. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$300 \$0 \$1700 12/26/2007 EXAMINER ART UNIT CLASS-SUBCLASS HAMA, JOANNE 1632 200-009000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list I FROMMER LAWRENCE +HAUG LLP (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 2THOMAS J.KOWALSKI (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3 DEBORAH L. LU. PH.A. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🗷 Corporation or other private group entity 🔘 Government

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Date 21 DECEMBER 2007 Authorized Signature DEBORAH L. LU Registration No. 50 940 Typed or printed name

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